RI Hospital United Nurses & Allied Professionals, Local 5098
375 Branch Avenue · Providence, RI 02904
T: 401-831-3647 · F: 401-831-3677

-Grievance Form -

Name of Grievant _____ **Tel. h)** _____ **w)** _____

Dept. _____ **Unit** _____ **Title** _____ **Shift** _____

Unit Representative _____ **Tel. h)** _____ **w)** _____

Statement of Grievance:

Corrective Action Requested:

_____ _____

Signature of Grievant and/or Unit Representative **Date**

π Step 1 Submitted to: _____ Date: _____

π Step 2 Submitted to: _____ Date: _____

π Step 3 Submitted to: _____ Date: _____